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## FACSIMILE TRANSMISSION

CONFIDENTIAL

DATE: November 8, 2004

CLIENT No.: 24498

## To:

NAME	FAX NO.	PHONE NO.
Commissioner for Patents - USPTO	(703) 872-9306	

FROM: Robert A. Hulse, Reg. No.  
48,473

PHONE: (415) 875-2444

NUMBER OF PAGES WITH COVER PAGE: 10

ORIGINAL WILL NOT FOLLOW

## MESSAGE:

Attached are Revocation and Substitute Power of Attorney forms in the following applications/patents:

10/861,816                      10/384,374  
60/583,834  
6,271,917  
6,388,794  
09/869,371  
10/062,607  
09/848,614

## CAUTION - CONFIDENTIAL

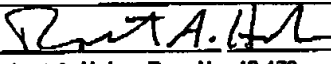
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24498/09463/SF/5131797.1

0001/PTO Rev. 10/95		U.S. Department of Commerce Patent and Trademark Office		Application Number	N/A		
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>				Filing Date	N/A		
				First Named Inventor	N/A		
				Examiner			
				Group Art Unit			
Total Number of Pages in This Submission		9	Attorney Docket Number				

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input checked="" type="checkbox"/> Revocation and Substitute Power of Attorney
<input type="checkbox"/> Return Receipt Postcard	10/881,816
<input type="checkbox"/> Response to Notice to File Missing Parts	60/583,834
<input type="checkbox"/> Assignment & Recordation Cover Sheet	6,271,917
<input type="checkbox"/> Declaration	6,388,794
<input type="checkbox"/> Power of Attorney	09/889,371
<input type="checkbox"/> Application Data Sheet	10/062,607
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	09/848,614
<input type="checkbox"/> Request for Corrected Filing Receipt	10/384,374
<input type="checkbox"/> Request for Correction of Recorded Assignment	
<input type="checkbox"/> Amendment/Response: [ ] Page(s) <input type="checkbox"/> After Final	
<input type="checkbox"/> Status Request	
<input type="checkbox"/> Request to Withdraw as Attorney or Agent in Application Nos.	
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Robert A. Hulse, Reg. No. 48,473	Dated:	November 8, 2004

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Robert A. Hulse	Dated:	November 8, 2004
Facsimile Number:	1-703-872-9308		

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**REVOCATION OF POWER OF  
ATTORNEY AND NEW POWER OF  
ATTORNEY AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/869,371
Filing Date	February 26, 2002
First Named Inventor	Thomas W. Hagler
Art Unit	2877
Examiner Name	Zandra V. Smith
Attorney Docket Number	24498-09459

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and I hereby appoint:



Practitioners at Customer Number

00758

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address to, and associate the above-identified application with:



Practitioners at Customer Number

00758

OR

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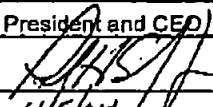


Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Paul Salsgiver
Title	President and CEO
Signature	
Date	11/5/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of One form is submitted.

24498/09459/SF/5131196.1